City of Hamlin – Water Disconnect / Final Bill Request

Account Information

Name: _____

Phone: _____

Service Address: _____

Mailing Address (for final bill/refund): _____

Email: _____

Disconnect Details

Date to Disconnect: _____

Reason for Disconnect: _____

Forwarding Address: _____

Forwarding Contact (Phone/Email): _____

Deposit Refund

Apply deposit to final bill? (Yes/No): _____

Refund method: (Check / Pick up): _____

Agreement

I hereby request disconnection of water service and final billing.

Signature: _____

Date: _____

Office Use Only

Account #: _____ Final Bill: _____

Meter #: _____ Deposit Applied/Refunded: _____

Final Read: _____ Clerk Initials: _____